

Recipient Committee Statement of Termination

This form must be completed by recipient committees that are eligible to terminate pursuant to Government Code Section 84214.

Type or print in ink.

WHERE TO FILE:

File original and one copy of this form with:
Secretary of State
Political Reform Division
P.O. Box 1467
Sacramento, CA 95812-1467

And, if applicable, file one copy of this form with:
The city or county officer, if any, who receives the committee's campaign disclosure statements.

RECIPIENT COMMITTEE
STATEMENT OF TERMINATION

Date Stamp RECEIVED JAN 31 AM 10:12 POLITICAL REFORM DIVISION	CALIFORNIA 415 For Official Use Only
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I Recipient Committee Information

NAME OF COMMITTEE <u>Committee to Recall Davenport</u>		I.D. NUMBER <u>930573</u>	
ADDRESS OF COMMITTEE <u>1111 W. Tokay St.</u>		NO. AND STREET <u>Suite A</u>	
CITY <u>Lodi</u>	STATE <u>Cal</u>	ZIP CODE <u>95242</u>	
AREA CODE/DAYTIME PHONE NUMBER <u>NOISE</u>			

II Treasurer Information

NAME OF TREASURER <u>Thomas J. Newton</u>		
MAILING ADDRESS OF TREASURER <u>529 Plum Ct.</u>	NO. AND STREET	
CITY <u>Lodi</u>	STATE <u>Cal</u>	ZIP CODE <u>95242</u>
AREA CODE/DAYTIME PHONE NUMBER <u>209-369-6711</u>		

III Effective Date of Termination

DATE FILING OBLIGATIONS WERE COMPLETED <u>1/31/97</u>
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IV Verification

- A. This committee has ceased to receive contributions and make expenditures;
- B. This committee does not anticipate receiving contributions or making expenditures in the future;
- C. This committee has eliminated or declares that it has no intention or ability to discharge all debts, loans received, and other obligations;
- D. This committee has no surplus funds; and
- E. This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on <u>1-31-97</u>	At <u>Lodi Cal.</u>
Executed on _____	At _____
Executed on _____	At _____
Executed on _____	At _____

By <u>[Signature]</u>	SIGNATURE OF TREASURER
By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

orig. mailed to Sec. of State on 1/31/97

State of California Fair Political Practices Commission

**Recipient Committee
Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period		CALIFORNIA 1994 FORM 450	
from	<u>JAN 1, 1996</u>	Page	<u>1</u> of <u>2</u>
through	<u>Dec. 31, 1996</u>	I.D. NUMBER	<u>930573</u>

NAME OF COMMITTEE

Committee to Recall Davenport

Expenditures Made

1. Expenditures of \$100 or more made this period \$ 0
2. Expenditures under \$100 (Not itemized.) 0
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD Add Lines 1 + 2 \$ 0
4. Total expenditures made from previous statement Previous Summary Page, Line 5 13,436
(If this is the first statement for the calendar year, enter zero.)
5. TOTAL EXPENDITURES MADE TO DATE Add Lines 3 + 4 \$ 13,436

Contributions Received

6. Monetary contributions received this period \$ 0
7. Non-monetary contributions received this period 0
8. Total contributions received from previous statement Previous Summary Page, Line 9 \$ 17,037
(If this is the first statement for the calendar year, enter zero.)
9. TOTAL CONTRIBUTIONS RECEIVED TO DATE Add Lines 6 + 7 + 8 \$ 17,037

Current Cash Statement

10. Beginning cash balance Previous Summary Page, Line 14 \$ 101
11. Cash receipts this period Line 6 above 0
12. Miscellaneous increases to cash 0
13. Cash expenditures this period Line 3 above 0
14. ENDING CASH BALANCE THIS PERIOD Add Lines 10 + 11 + 12, then subtract Line 13 \$ 101

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RECIPIENT COMMITTEE
STATEMENT OF TERMINATION

Date Stamp RECEIVED 97 JAN 31 AM 10:42 JIMMY L. PEDRONI	CALIFORNIA 415 For Official Use Only
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I Recipient Committee Information

NAME OF COMMITTEE <u>Committee to Recall Davenport</u>		I.D. NUMBER <u>930573</u>	
ADDRESS OF COMMITTEE <u>1111 W. Tokay St.</u>		NO. AND STREET <u>Suite A</u>	
CITY <u>Los Angeles</u>	STATE <u>Cal</u>	ZIP CODE <u>95242</u>	
AREA CODE/DAYTIME PHONE NUMBER <u>None</u>			

II Treasurer Information

NAME OF TREASURER <u>Thomas J. Newton</u>			
MAILING ADDRESS OF TREASURER <u>529 Plumb Ct.</u>		NO. AND STREET	
CITY <u>Los Angeles</u>	STATE <u>Cal</u>	ZIP CODE <u>95242</u>	
AREA CODE/DAYTIME PHONE NUMBER <u>209-369-6771</u>			

III Effective Date of Termination

DATE FILING OBLIGATIONS WERE COMPLETED <u>1/31/97</u>
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I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on <u>1-31-97</u> DATE	At <u>Los Angeles</u> CITY AND STATE	By <u>[Signature]</u> SIGNATURE OF TREASURER
Executed on _____ DATE	At _____ CITY AND STATE	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
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